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Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIANA: Employee Name _____
(Print) (First, M.I., Last)

B: SSN or Employee ID No. _____

C: Employer Name DEPT OF PERSONNEL ADM/ 562-986-4200
Street PO BOX 3247 LONG BEACH CA 90803
City, ST ZIP _____**TEST TO BE PERFORMED:** () 20588N ALC SCREEN BR/BRDER Name and Telephone No. _____
DER Name _____ DER Phone Number _____D: Reason for Test: ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employmentAffix
Or
Print
Screening Results
HereAffix
With Tamper
Evident Tape**STEP 2: TO BE COMPLETED BY EMPLOYEE**

I certify that I am about to submit to alcohol testing and that the identifying information provided on this form is true and correct.

Signature of Employee _____ Date _____ / _____ / _____
Month Day YearAffix
Or
Print
Screening Results
HereAffix
With Tamper
Evident Tape**STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN**

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the established procedures, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☐ BAT ☐ STT DEVICE: ☐ SALIVA ☐ BREATH* 15-Minute Wait: ☐ Yes ☐ NoSCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
CONFIRMATION TEST: Results must be affixed to each copy of this form or printed directly onto the form.					

REMARKS: _____

Alcohol Technician's Company _____ Company Street Address _____

(PRINT) Breath Alcohol Technician's Name (First, M.I., Last) _____ Company City, State, Zip _____ Phone Number _____

Signature of Alcohol Technician _____ Date _____ / _____ / _____
Month Day YearAffix
Or
Print
Screening Results
HereAffix
With Tamper
Evident Tape**STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER**

I certify that I have submitted to the alcohol test the results of which are accurately recorded on this form.

I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment if the results are 0.02 or greater.

Signature of Employee _____ Date _____ / _____ / _____
Month Day Year